



IFW

Attorney Dkt. No. 51275/149

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Re: application of:

Theoharis C. Theoharides

Filing date: 03/30/2004

Serial No.: 10/811,828

For: Composition For Protection Against Superficial Vasodilator Flush Syndrome

Group Art Unit: 1655

Examiner: Patricia A. Leith

Petition Under 37 CFR 1.136(a)

Commissioner for Patents

Box 1450

Alexandria, VA 22313-1450

Mail Stop: Petitions

Sir:

Applicant petitions for a 2-month extension of time in which to respond to an Office Action in the case, mailed 08/28/2006. The fee of \$225 is enclosed as a credit card payment.

It should be noted that applicant is filing concurrently with this Petition a CIP of the captioned application., with the view of abandoning the parent case.

01/10/2007 EAREGAY1 00000005 10811828

01 FC:2252

225.00 0P

Respectfully submitted,

01/08/2007


Dr. Melvin Blecher

Attorney-at-Law

Registration No. 33,649

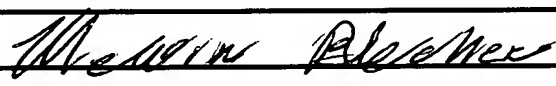
Law Offices of Dr. Melvin Blecher
4329 Van Ness St., NW
Washington, DC 20016-5625
Tel: 202 363 3338/0373
FAX: 202 362 8404

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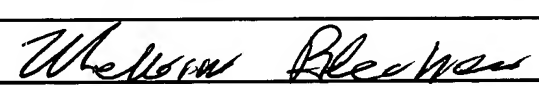
	Application Number	10/811,828
	Filing Date	03/30/2004
	First Named Inventor	Theoharis C. Theoharides
	Art Unit	1655
	Examiner Name	Patricia A. Leith
	Attorney Docket Number	51275/149
(to be used for all correspondence after initial filing) Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="text"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Law Offices of Dr. Melvin Blecher		
Signature			
Printed name	Dr. Melvin Blecher		
Date	01/09/2007	Reg. No.	33,649

CERTIFICATE OF TRANSMISSION/MAILING

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Signature			
Typed or printed name	Dr. Melvin Blecher	Date	01/09/2007

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